

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617
177 E. Brush Hill Road
Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3857

24600 West 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

Boniva Injection Standing Orders

Patient Name: _____ DOB: _____

*****Please include current history and physical and any recent labs/tests, if applicable*****

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

Pre-Authorization # or Call Reference #: _____
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Contact Name & Phone Number of Insurance Co: _____

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

Diagnosis: Please check one diagnosis from primary codes and one diagnosis from secondary codes (required by insurance for reimbursement)

PRIMARY CODES (REQUIRED)

- | | |
|---|---|
| <input type="checkbox"/> Senile Osteoporosis (requires secondary diagnosis) | <input type="checkbox"/> Hypercalcemia |
| <input type="checkbox"/> Other Osteoporosis (requires secondary diagnosis) | <input type="checkbox"/> Secondary malignant neoplasm of bone and bone marrow |

SECONDARY CODES (REQUIRED)

- Unspecified adverse effect of other drug, medicinal and biological substance
 Personal history of other specified digestive system diseases

Dosing Guidelines

- Boniva Injection 3mg intravenously every 3 months

Pre-Infusion Requirements:

This patient has a calculated creatinine clearance of greater than or equal to 30ml per minute and a normal serum calcium level. **(Labs must be done within 2 weeks of infusion.)**

Date of Lab Results (Please attach copy) _____
 Yes No

Required lab work prior to Boniva may be done at Cancer Center on day of infusion:

Yes No

Patient currently taking calcium and Vitamin D supplements

Yes No

***NOTE: Patients must be off oral bisphosphonates (Fosamax, Boniva, etc.) for one month prior to start of Boniva**

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed

Physician Signature: _____ Date: _____

Ordering Physician NPI: _____

Edward Hospital NPI: 1427069632

Physician Name (Please Print)

Office Phone

Fax Number

Revision/Review Date: 01/27/2021